

Filled Sample of Critical Illness Claim Form – Cancer

This filled sample of a **critical illness claim form** provides a clear example of how to accurately complete the form for a cancer diagnosis. It includes all necessary details such as patient information, medical history, and claim specifics to ensure a smooth claim process. Use this sample as a guide to avoid errors and expedite your cancer-related insurance claim.

1. Policy Holder Information

Full Name	Jane Anne Doe
Date of Birth	15 March 1980
Gender	Female
Contact Number	+1 555 123 4567
Email Address	jane.doe@email.com
Policy Number	CI-20218123
Address	123 Maple Lane, Springfield, IL 62701

2. Insured Person Details (if different from Policy Holder)

Full Name	Jane Anne Doe
Relationship to Policy Holder	Self
Date of Birth	15 March 1980
Gender	Female

3. Details of Critical Illness

Type of Illness	Cancer
If Cancer, Specify Type	Breast Cancer (Invasive Ductal Carcinoma)
Date Diagnosed	22 January 2024
Date of First Symptoms	02 December 2023
Attending Physician's Name	Dr. Samuel Reid
Medical Facility	Springfield Oncology Clinic
Address of Medical Facility	456 Wellness Ave, Springfield, IL 62701
Physician Contact	+1 555 987 6543

4. Medical History

Previous History of Cancer	No
Other Significant Medical Conditions	None
Family History of Cancer	Yes (Mother diagnosed with breast cancer at age 62)

5. Details of Treatment

Treatment Received So Far	<ul style="list-style-type: none">Biopsy (25 January 2024)Surgical Removal (Lumpectomy – 10 February 2024)Chemotherapy (started 5 March 2024)
Currently Undergoing Treatment	Yes

6. Claim Details

Claim Amount Requested	\$50,000
Claim Reason	Diagnosis and Treatment of Invasive Breast Cancer
Documents Attached	<ul style="list-style-type: none">Diagnosis report (pathology)Discharge summaryTreatment billsDoctor's certificatePolicy document (copy)Identification proof

7. Declaration and Authorization

Declaration	I hereby declare that the statements made above are true and complete. I authorize the insurance company to obtain any information from treating doctors and hospitals for the processing of this claim.
Signature	Jane Anne Doe
Date	12 March 2024